



SPECIAL PROJECTS CONTRACT

Year _____ Summer Fall Winter Spring Today's Date _____

1. Student's Name _____ Soc. Sec # _____
Last First Initial

2. Course _____ Units of Credit _____
Dept. Number

3. Title & Description of Proposed Project:

4. Project Objectives/Methods/Procedures:

5. Tentative time schedule for fulfilling requirements of the project:
Estimated completion date: _____
Planned hours/ week (Minimum of three (3) hrs/wk for each unit of credit):

PROJECT APPROVALS

Approval of your project is required before you register and before you commence the project

Instructor: _____ Date: _____
Signature/Print

Division Dean: _____ Date: _____
Signature/Print

Procedures for Enrolling in De Anza Special Projects Courses:

1. In consultation with the instructor who will supervise the project, complete the form including:
 - (a) Instructor approval signature
 - (b) Division Dean approval signature
2. Include this completed contract form with your registration materials when registering for the course. If you already registered for the quarter, use an ADD card.

The Registrar will not permit you to register for a special projects course without a completed and signed contract.

3. Upon your completion of the terms of the contract, the instructor will submit a grade for you. When that grade appears on your grade report, the college is acknowledging your completion of the project objectives.

Copies of this form are available from:

The Division Office
Office of Admissions and Records
Counseling Office
